



STEVEN L. BESHEAR
GOVERNOR

ROBERT D. VANCE
SECRETARY

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF HVAC
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
TELEPHONE: (502) 573 – 0395 FAX: (502) 573 – 1401
WEBSITE: WWW.DHBC.KY.GOV

Request for Change of Information

I, _____, HVAC License #: _____, hereby request a change of information.

- **Address (No fee required)**
- **Company Change for Journeyman / Apprentice (No fee required)**
- **Company Change for Master HVAC Contractors Requirement**
 - **License Change Fee of \$15.00 (Make check payable to Kentucky State Treasurer)**
 - **New Certificate of Insurance (Showing New Company, Certificate Holder must read: Department of Housing, Buildings & Construction, Division of HVAC, 101 Sea Hero Rd., Ste. 100, Frankfort, KY 40601-5405)**

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Middle Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City _____ State _____ Zip _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____
(Street, Route, or P O Box Number) (County Name)

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City _____ State _____ Zip _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____ - _____ - _____
HVAC 16 (07-08)



Equal Opportunity Employer M/F/D